PTO/SB/17 (12-04v2) Approved for use through 7/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE NOV 1 4 2005 PROPERTY AND PARTY OF THE PARTY he Paperwork Reduction Act of 1995, no person are required to respond to a c ollection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004. uant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 09/509648 Application Number October 5, 2000 FEE TRANSMITTAL Filing Date Marc F. Charette First Named Inventor For FY 2005 **Examiner Name** J.M. Lockard Applicant claims small entity status. See 37 CFR 1.27 1647 Art Unit JJJ-P01-569 TOTAL AMOUNT OF PAYMENT 1,520.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Credit Card Money Order None Other (please identify): Check Ropes & Gray LLP Deposit Account Number: 18-1945 Deposit Account Name Deposit Account For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee x Charge fee(s) indicated below Charge any additional fee(s) or underpayment of x Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **SEARCH FEES EXAMINATION FEES FILING FEES Small Entity** Small Entity Small Entity Fee (\$) **Application Type** Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) 300 150 500 250 200 100 Utility 200 100 100 50 130 65 Design 200 100 300 150 160 80 Plant 300 500 250 600 300 Reissue 150 200 100 0 0 0 Provisional Small Entity 2. EXCESS CLAIM FEES Fee (\$) <u>Fee (\$)</u> Fee Description Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180

| 3. APPLICATION SIZ | ZE FEE | | | | | | | |
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| If the specification | and drawings exc | eed 100 she | ets of paper (excluding electronically filed | sequence or c | omputer | | | |
| listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 | | | | | | | | |
| | | | a)(1)(G) and 37 CFR 1.16(s). | • | | | | |
| Total Sheets | Extra Sheets | <u>Num</u> | ber of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) | | | |
| 10 | 00 = | /50 | (round up to a whole number) x | = | | | | |
| 4. OTHER FEE(S) | | | | | Fees Paid (\$) | | | |
| Non-English Spec | cification, \$130 | fee (no smal | Il entity discount) | | | | | |
| Other (e.g. late fi | ling surcharge) | 1253 Exter | nsion for response within third month | | 1,020.00 | | | |
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| Non-English Spec | cification, \$130 ling surcharge): | 1253 Exter | nsion for response within third month | | 1,020.00 | | | |

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Multiple Dependent Claims

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Fee (\$)

| SUBMITTED BY | | | | | |
|-------------------|----------------|-----------------------------------|--------|-----------|-------------------|
| Signature | (/L-7-) | Registration No. (Attorney/Agent) | 55,661 | Telephone | (212) 596-9479 |
| Name (Print/Type) | Érika Takeuchi | | | Date | November 14, 2005 |

| I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 60 US, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the | |
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| below. | |
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| Dated: November 14, 2005 Signature: Linda Blake) | |
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Total Claims

Indep. Claims

Extra Claims

Extra Claims

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